



**Disclosure:** The work presented in this talk was conducted during a PhD in computer science (funded by APHP and Paris 8 University, France). A company was funded by a PhD collaborator, dynamico.ch. The presenter does not have consultancy or financial connection with d

**Keywords:** motor assessment; neurodevelopment disorders; Digital phenotyping; autism

### Next chapters in the story of internet-based CBT: Implementation, personalisation and ai-driven decision support tools

#### S0041

#### Individually tailored digital self-care, with and without therapist-guidance

M. Kraepelien

Clinical Neuroscience, Center For Psychiatry Research, Karolinska Institutet, Stockholm, Sweden  
doi: 10.1192/j.eurpsy.2021.73

**Introduction:** Digital mental health services have been a part of routine care at a few locations worldwide since almost 15 years, most often in the form of Internet-based Cognitive Behavioural Therapy (ICBT) with scheduled weekly therapist-guidance. Personalization in the form of individual tailoring of treatment content is promising in ICBT. Digital Self-care, interventions constructed to be self-guided, would need to be constructed carefully to achieve equal levels of adherence and symptom reductions compared to therapist-guided interventions, especially when including individually tailored content.

**Objectives:** To construct an individually tailored self-care intervention including a technical solution, acting as a proof of concept that self-guided digital interventions for mental health can be administered in a safe, effective, personalized and cost-effective way.

**Methods:** In step I, a new digital platform is created based on the experience from previous successful implementations of ICBT together with experts on user experience. A series of digital mental health tools based on ICBT are tested for safety, usability and credibility. In step II these tools are combined into individually

tailored package interventions for different conditions and optimized for greater efficiency. In step III these optimized interventions would be compared to their counterpart therapist-guided interventions in randomized trials.

**Results:** Preliminary results from step I will be presented, including the current development of the digital platform and feasibility data from the first three studies.

**Disclosure:** No significant relationships.

**Keywords:** personalized treatment; Internet; psychological interventions; e-mental health

#### S0042

#### Experiences with tailoring treatment modules in online versus face-to-face CBT

J. Boettcher<sup>1\*</sup>, C. Wirz<sup>2</sup>, S. Paskuy<sup>3</sup>, M. Böttche<sup>4</sup>, B. Renneberg<sup>2</sup> and B. Wagner<sup>3</sup>

<sup>1</sup>Clinical Psychology And Psychotherapy, Psychologische Hochschule, Berlin, Germany; <sup>2</sup>Clinical Psychology And Psychotherapy, Freie Universitaet Berlin, Berlin, Germany; <sup>3</sup>Clinical Psychology And Psychotherapy, Medical School Berlin, Berlin, Germany and <sup>4</sup>Clinical Psychological Interventions, Freie Universitaet Berlin, Berlin, Germany

\*Corresponding Author.

doi: 10.1192/j.eurpsy.2021.74

Guided self-help interventions are effective in treating symptoms of various mental disorders, including depressive, anxiety, and posttraumatic stress disorders. Research also suggests that these interventions may be effective for refugee populations. However, proportion of drop-out and non-response are substantial, especially in this highly vulnerable group of patients. Tailoring treatments to the individual patient may be an important step towards improving patient-treatment fit and may help to increase success rates. While tailoring can be easily realized in face-to-face treatments, it becomes more complex in Internet-based treatments where treatment sequences are usually defined in advance. In this talk, we will present our theoretical considerations and decisions regarding the tailoring process in a randomized-controlled comparison of transdiagnostic CBT for refugee patients in an online versus face-to-face format. The trial will include N=320 Arabic speaking patients suffering from an emotional disorder. The transdiagnostic treatment includes modules for symptoms of depression, anxiety, substance abuse, post-traumatic stress, aggression, and suicidal ideation. Modules are tailored to the specific patient. We will discuss who or what should inform the tailoring decision (patient, therapist, questionnaire data, diagnostic interview) and when tailoring decisions should be made (prior and/or early and/or later in treatment). We will present options of how tailoring decisions can be standardized and be kept comparable in different treatment formats. We will present our first experiences with tailoring treatment modules to severely impaired and highly comorbid patients.

**Disclosure:** No significant relationships.

**Keywords:** tailoring; internet-based; Transdiagnostic; Cognitive-Behaviour Therapy